

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                                                                                                                                       |        |
|-------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The C/OH Instruction Guide explains how to complete this form.                                        |                                | 1 Filer ID<br>(Ethics Commission Filers)<br>00067798                                                                                                                                                                                                                                                                                                                                                                                          |                   | 2 Total pages filed:<br>6                                                                                                                                                             |        |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>The Honorable |                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST<br>John F.  | MI                                                                                                                                                                                    |        |
|                                                                                                       | NICKNAME<br>Franklin           |                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST<br>McDonough | SUFFIX<br>III                                                                                                                                                                         |        |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address |                                | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1017 Terry Road<br><br>Pampa, TX 79065                                                                                                                                                                                                                                                                                                                                                              |                   | ZIP CODE                                                                                                                                                                              |        |
|                                                                                                       |                                | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                                                                                                                                       |        |
|                                                                                                       |                                | Date Received<br>ELECTRONICALLY FILED<br>01/15/2026                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                       |        |
|                                                                                                       |                                | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                       |        |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       |                                | MS / MRS / MR<br>Mr.                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | FIRST<br>Nathan E.                                                                                                                                                                    | MI     |
|                                                                                                       |                                | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | LAST<br>Bailey                                                                                                                                                                        | SUFFIX |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     |                                | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>12041 Berry Drive<br><br>Pampa, TX 79065                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                       |        |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      |                                | AREA CODE PHONE NUMBER EXTENSION<br>(806) 440-6117                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                                                                                                                       |        |
| 8 REPORT<br>TYPE                                                                                      |                                | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR) |                   |                                                                                                                                                                                       |        |
| 9 PERIOD<br>COVERED                                                                                   |                                | Month Day Year    THROUGH    Month Day Year<br>07/01/2025    12/31/2025                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                       |        |
| 10 ELECTION                                                                                           |                                | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |        |
| 11 OFFICE                                                                                             |                                | OFFICE HELD (if any)<br>District Attorney (Multi-county) District 31 and 223<br>Gray, Hemphill, Lipscomb, Roberts, Wheeler                                                                                                                                                                                                                                                                                                                    |                   | 12 OFFICE SOUGHT (if known)                                                                                                                                                           |        |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|                                                              |                                                           |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> McDonough III, John F. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00067798 |
|--------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                                                                                                                                                                         |
|                                                                                               | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                         | <b>COMMITTEE NAME</b><br><br><hr/> <b>COMMITTEE ADDRESS</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/> |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |

|                                |                                                                                                                                       |    |        |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00   |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ | 0.00   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ | 0.00   |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ | 0.00   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ | 645.98 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ | 0.00   |

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 The Honorable John F. McDonough III  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_ Signature of officer administering     
 \_\_\_\_\_ Printed name of officer administering     
 \_\_\_\_\_ Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|                                                                |                                                                                                             |                                                           |      |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------|
| <b>18 FILER NAME</b><br>McDonough III, John F. (The Honorable) |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00067798 |      |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE               |                                                                                                             | SUBTOTAL AMOUNT                                           |      |
| 1.                                                             | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                                                        | 0.00 |
| 2.                                                             | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                                                        | 0.00 |
| 3.                                                             | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$                                                        | 0.00 |
| 4.                                                             | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$                                                        | 0.00 |
| 5.                                                             | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                                                        | 0.00 |
| 6.                                                             | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$                                                        | 0.00 |
| 7.                                                             | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$                                                        | 0.00 |
| 8.                                                             | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                                                        | 0.00 |
| 9.                                                             | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                                                        | 0.00 |
| 10.                                                            | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                                                        |      |
| 11.                                                            | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                                                        |      |
| 12.                                                            | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                                        |      |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/6

2 FILER NAME

McDonough III, John F. (The Honorable)

3 Filer ID (Ethics Commission Filers)

00067798

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 5/6

2 FILER NAME  
McDonough III, John F. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00067798

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ None

15 Check if personal funds were deposited into political account  
(See Instructions)

☐

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

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1 C/OH NAME

McDonough III, John F. (The Honorable)

2 Filer ID

(Ethics Commission Filers)

00067798

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

The Honorable John F. McDonough III

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below only if you are not an officeholder \*\***

**A CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

**B ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

Signature of Candidate

5 OFFICEHOLDER

**\*\* Complete this section only if you are an officeholder \*\***

☒

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

The Honorable John F. McDonough III

Signature of Officeholder